



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 12/19/23

Item # To:

Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Ricardo Hernandez Velasco

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED] Fax Number: N/A

E-mail address: [REDACTED]

To the: Orange County HIV Planning Council
(Name of Board, Commission or Committee)

Position Slot: Category: (G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations

Name of incumbent being replaced or last known member: N/A

Term of Office: 2 years or N/A

(Choose one) From (Date) 01/01/24 to 12/31/25
 Term Concurrent with Supervisor's Term of office
 Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A
 Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____
 CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy

Posted on _____ to _____
Certification of posting attached.



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

Clerk of the Board of Supervisors
333 West Santa Ana Blvd., Suite 465
Santa Ana, California 92701
Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2208. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OC.GOV.COM/GOV/COB/BCC/CONTACT):

Orange County HIV Planning Council

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [X] First [] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Ricardo Hernandez Velasco
First Name Middle Name Last Name



Street Address City State Zip Code
Home Phone Number Cell Phone Number



CURRENT EMPLOYER: Advantage Healthcare Services

OCCUPATION/JOB TITLE: Social Services Specialist

BUSINESS ADDRESS: 26800 Crown Valley Pkwy #185 Mission Viejo, CA 92691

BUSINESS PHONE NUMBER: 949 364 9009

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
Laguna Beach HIV advisory committee	March 2013	present
Shanti OC	June 2018	June 2019

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 -- AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

Living with AIDS/HIV for over 28 yrs I being seen changes of this disease, I would like to bring my expertise to the board

DATE: 06/28/2021

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD (IF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE)

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No

What was the reason you left:

Have you ever served on a Committee (Check Yes or No): Yes No If yes, Which Committee(s):

If you are no longer serving on the Committee(s), what was the reason you left: r

This application is for: (All members of the Planning Council are required to serve on a standing committee).

Planning Council Voting Membership OR Planning Council Affiliate Membership (See definition on page A):

Check committee(s) below:

Committee Membership(s) Only (Check committee(s) below):

- Client Advocacy (HCAC) Integrated Plan Committee Priority Setting, Allocations, and Planning (PSAP)
- Other HIV-related Committee:

Contact Information: Your home address must match the address on your voter registration, if applicable.

Applicant's Name: Ricardo Hernandez Velasco

Date: 06/25/2021

Home Address: [Redacted]

State: CA Zip Code: [Redacted]

Work Address: [Redacted]

Viejo [Redacted]

N/A State: CA Zip Code: [Redacted]

Email: [Redacted]

Fax: [Redacted]

What is your preferred contact phone number?

7142510864

May we leave a message at the above contact phone number?

Yes No

May we fax HIV-related materials to the above fax number?

Yes No

May we email HIV-related materials to the above email address?

Yes No

City of employment/residence: Check the one that applies.

North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)

Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)

South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote. To register to vote go to registertovote.ca.gov

Are you a registered voter: Yes No. If no please explain:

Personal Profile:

Gender Identity: Male Female Transgender: Female-to-Male
 Transgender: Male-to-Female Not listed (specify):

Cultural/Ethnic Identity: Check the ONE that best applies.

- African-American
- Asian (specify): _____
- Latino/a/x (specify): Spanish
- Pacific Islander (specify): _____
- White/Caucasian
- Decline to State

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Native American (specify Tribe/Nation: _____) Not listed (specify): _____
 HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.

Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select ALL that apply. If you have questions about the categories listed below, please contact (714) 834-8399:

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations serving affected populations/AIDS Service Organizations
- Social Service Provider, including housing and homeless service provider
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agency
- Hospital Planning Agency or Health Care Planning Agency
- State Medicaid Agency
- State Part B Agency
- Part C Provider
- Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)
- Other Federal HIV Program (Prevention Services)
- Other Federal HIV Program (Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
- Other Federal HIV Program (HOPWA)
- Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release
- Non-Elected Community Leader
- Affected Communities: PLWH co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- Affected Communities: PLWH and Historically Underserved Subpopulations
- General Community Member

Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check ALL that apply or N/A.

- Person living with HIV
- Representatives of HIV Care Services
- Representatives of HIV Support Services
- Representatives of HIV Prevention Services
- Representatives of Affected Communities

Please describe below how you qualify to represent the category/ies marked above:

I am a Person living with HIV/AIDS since 1994

Latino immigrant part of the underserved community

Working with the community for over 18 in the medical treatment environment (HIV Specialty Pharmacies) as Community Leader, Community Outreach Coordinator and Social Services Specialist.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

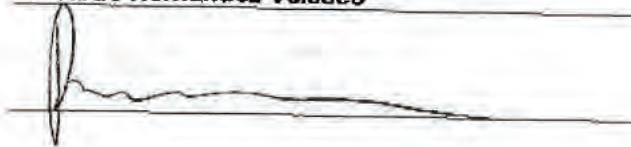
I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name:

Ricardo Hernandez Velasco

Signature:



Date: 06/25/2021

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

Are you a current or former employee of the County of Orange? Yes No

If employed, who is your current employer? Advantage Healthcare Services Does not apply

Type of Business/Agency HIV Specialty Pharmacy Job Title: Social Services Specialist

Is your current employment HIV related? Yes No

Briefly describe your responsibilities:

As a Social Services Specialist for a HIV Specialty Pharmacy, I work directly with people living with HIV/Aids, coaching with their HIV regimen to keep them undetectable, healthy and in care. Besides I link them to other services like Housing, Mental Health, HIV Support groups, Drug abuse, Legal service.

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Laguna Beach HIV advisor Committee, Member since 2013 leaving with HIV/AIDS I represent the Latino Community.

RADIANT HEALTH CENTER, I host Spanish speaking women group and education groups for the Spanish speaking clients.

SHANTI O.C coordinate and co-facilitate HIV education groups for Spanish speaking clients living in south O.C area.

APAIT, co-facilitate education group for people living with HIV

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

Living with HIV/AIDS for over 28, and facing the changes over these years, I been seen that the way the county allocate financial suport to programs to manage this disease needs to be fit with the changes of todays needs. I would like to be more involve bringing ideas to allocate financial support to programs that benefict the HIV community all.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

Yes No

Are you receiving HIV services at a Ryan White Part A-funded Agency

Yes No

If Yes, please indicate which Agency or Agencies Ryan White (dental Service)

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby **voluntarily** acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature:



Date:

06/25/2021

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

The information below describes the required disclosure of PLWH co-infected with Hepatitis B or C.

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____



Date: 06/25/2021

ORANGE COUNTY HIV PLANNING COUNCIL**APPLICATION INFORMATION AND INSTRUCTIONS**

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

Please circle answers below and submit your completed quiz with your application.

Applicant Name: Ricardo Hernandez Velasco

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Council duties include D (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Council Duties

3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue
 - D. We avoid making impassioned pleas and we make decisions based on data



RICARDO HERNANDEZ VELASCO

SKILLS

Experienced HIV/AIDS health educator and partnership specialist with in-depth knowledge of Latino population, HIV disease management, and community outreach empowerment.

EXPERIENCE

ADVANTAGE HEALTHCARE SERVICES, Mission Viejo CA - Social Services Specialist

January 2021-Present

- Conduct, facilitate, and moderate workshops for individuals infected and affected by AIDS/HIV.
- Increase new patient enrolment to the pharmacy and link them to medical care.
- Represent the pharmacy at medical update training, conferences, and community events
- Collaborate with local health educators, case managers, and social workers related to AIDS/HIV care.
- Provide referrals to newly HIV diagnosed individuals
- Provide health education in adherence and medical updates to AIDS/HIV individuals.

QUALITY DRUG CLINICAL CARE, IRVINE CA - Community Outreach Coordinator.

June 2019 - January 2021

- Establishing relationships with AIDS/HIV providers, clinics, AIDS/HIV organizations, and I.D Specialist physicians.
- Build the relationship between Customer-Pharmacy
- Translate English to Spanish for monolingual customers (Spanish speaking)

LAGUNA DRUG PHARMACY, Laguna Beach CA - Community Liaison

January 2013 - June 2019

- Increase the volume of clients for the pharmacy.
- Translate English to Spanish for monolingual clients.
- Represent the pharmacy in AIDS/HIV community events.
- Host and coordinate HIV education groups with local HIV organizations.
- Counseling clients to keep good treatment adherence.

Modern Health Pharmacy, Monrovia CA Community Outreach Coordinator

June 2012 - January 2013

- Increase the volume of clients for the pharmacy.
- Coordinate and execution of outreach to existing and potential prescription clients relate to Modern Health Pharmacy
- Represent the pharmacy in AIDS/HIV community events.
- Host and coordinate HIV education groups with local HIV organizations.
- Counseling clients to keep good treatment adherence.

A-Med Health Care, Huntington Beach CA Community Liaison/Health Educator.

May 2009 - June 2012

- Establish Strong relationships with referral sources and clients.
- Coordinate and execution of outreach to existing and potential prescription clients relate to Pharmacy.
- Represent the pharmacy in local HIV organizations and events as well,
- Counseling clients to keep good treatment adherence.
- Host and coordinate HIV education groups with local HIV agencies.

Walgreen's, Fountain Valley CA Community Liaison

April 2008- May 2009

- Coordinate programs and services for HIV monolingual Spanish clients.
- Coordinate and execution of outreach to existing and potential prescription clients relate to Pharmacy.
- Represent the pharmacy in local HIV organizations and events as well,
- Counseling clients to keep good treatment adherence.
- Host and coordinate HIV education groups with local HIV agencies.

Pioneer HIV Specialty Pharmacy, Fountain Valley CA Community Liaison

October 2003- March 2008

- Conduct HIV outreach through educational health fairs in Orange County.
- Educate clients about treatment and side effects of AIDS/HIV medication.
- Represent the pharmacy in local HIV organizations and events as well,
- Counseling clients to keep good treatment adherence.
- Link clients to medical care and additional services with local HIV agencies.

EDUCATION

Medicare Fraud, Certification

April 2021 Recertification

HIPPA, Certification

February 2021 Recertification

Annenberg Center For Health Sciences, Experts in Residence HIV Care for Transgender Patients Certification

August 2016

National Council For Behavioral Health, Mental Health First AID USA.

June 2016 Certification

The Pacific AIDS Educational and Training Center At The University of California Irvine School of Medicine, HIV-AIDS On the front Line

April 2016 Certificate of Attendance

The Pacific AIDS Educational and Training Center At The University of California Irvine School of Medicine, And The Orange County Health Care Agency

April 2015 Certificate of Attendance

California STD-HIV Prevention Training Center Berkeley California, STD Overview for Non-Clinicians.

February 2005 Certificate

CSAD- Office of HIV-AIDS Policy OHAP

February 2004 Certificate of training

Bienestar Human Services, Facilitator Training

July 2009 Certification